

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155448		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/25/2013	
NAME OF PROVIDER OR SUPPLIER LOWELL HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP CODE 710 MICHIGAN ST LOWELL, IN 46356			
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F0000	<p>This visit was for the Investigation of Complaint IN00121033.</p> <p>Complaint IN00121033-Substantiated .Federal/state deficiency related to the allegation cited at F323.</p> <p>Survey dates: January 24 & 25, 2013</p> <p>Facility number: 000361 Provider number: 155448 AIM number: 100266340</p> <p>Survey team: Janet Adams, RN</p> <p>Census bed type: SNF/NF: 78 Total: 78</p> <p>Census payor type: Medicare: 11 Medicaid: 52 Other: 15 Total: 78</p> <p>Sample: 10</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>			F0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/06/2013

FORM APPROVED

OMB NO. 0938-0391

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	Quality review completed on January 26, 2013, by Janelyn Kulik, RN.						

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F0323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, record review, and interview, the facility failed to provide adequate supervision to prevent accidents related to a bed alarm not connected, a Dycem (thin pad to prevent sliding) not in place, the incorrect type of chair alarm in place, and a call light not in reach for 1 of 4 residents reviewed for falls in the sample of 10. (Resident #B)</p> <p>Findings included:</p> <p>During Orientation tour on 1/24/13 at 8:20 a.m., Resident #B was observed sitting up in a wheel chair in her room. The resident had a cast in place to her right lower leg and foot.</p> <p>On 1/24/13 at 9:37 a.m., the resident was observed in bed. An alarm box was attached to a bar on the bed frame near the head of the bed. There was no cord attached to the alarm box. A cord was observed coming from under the bed mattress. The end of the cord was on the floor</p>		F0323	<p>F323 – Free of Accident Hazards/Supervision It is the practice of this provider to ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. <i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident #B</i> – has experienced no further falls. Her fall care plan and Nurse Aide Assignment Sheet has been reviewed and updated to reflect her current status and needed safety interventions. All safety interventions are in place per plan of care for resident #B. <i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</i> Any resident identified as being at risk for falls has the potential to be affected by this finding. A facility audit will be completed by the Nurse Management Team to review all resident fall care plans. The prevention interventions on</p>		02/04/2013	

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	<p>and not plugged into the alarm box. There were no visitors or staff members in the resident's room at this time.</p> <p>On 1/24/13 at 10:20 a.m., the resident was observed in bed. An alarm box was attached to a bar on the bed frame near the head of the bed. There was no cord attached to the alarm box. A cord was observed coming from under the bed mattress. The end of the cord was on the floor and not plugged into the alarm box. There were no visitors or staff members in the resident's room at this time.</p> <p>On 1/24/13 at 1:40 p.m., the resident was observed in a wheelchair in her room. There was an alarm box attached to the wheelchair. The cord from the alarm box was stretched to the seat of the wheelchair. There was no alarm clipped to the resident or her clothing. LPN #1 and CNA#1 entered the room to transfer the resident from the wheelchair into her bed. There was a cushion on the seat of the wheelchair. There was an alarm sensor pad on top of the cushion. There was no Dycem on top of the cushion or on top of the alarm sensor pad. There was no Dycem under the alarm sensor pad or under</p>				<p>each resident's fall care plan will be compared to the Nurse Aide Assignment Sheet. Any noted discrepancies will be clarified and/or corrected at the time. This audit will ensure all safety and fall prevention interventions are properly in place and being utilized as noted on the plan of care to provide adequate supervision to prevent accidents. In addition, the DNS and/or designee will be responsible for daily environmental inspections of all resident rooms and safety equipment through Customer Care Rounds. A nursing in-service will be held on 1/29/13. The DNS/designee is responsible for conducting this in-service. This in-service will review the facility policy titled, "Fall Management Program". This in-service will also include review of the care plan process and importance of adherence to established care plans and safe practices in regards to safety interventions such as the use of dycem in wheelchairs and proper function and placement of alarming devices used in beds and wheelchairs. <i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</i> A nursing in-service will be held on 1/29/13. The DNS/designee is responsible for conducting this in-service. This in-service will review the facility</p>		

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	<p>the wheelchair cushion.</p> <p>On 1/25/13 at 8:00 a.m., the resident was observed sitting in a wheelchair in the Main Dining Room. There was an alarm box attached to the wheelchair. There was a cord extending from the alarm box to the seat of the resident's wheelchair. There was no alarm cord clipped to the resident or her clothing at this time.</p> <p>On 1/25/13 at 8:30 a.m., the resident was observed sitting in a wheelchair in her room. The resident's bed was behind the wheelchair and the resident was not facing the bed. The call light cord was on the bed and not in the resident's view or reach. There were no staff members or visitors in the room at this time.</p> <p>The record for Resident #B was reviewed on 1/24/13 at 10:25 a.m. The resident's diagnoses included, but were not limited to, high blood pressure, history of left hip fracture, coronary artery disease, and anemia.</p> <p>A Fall Risk Assessment was completed on 10/15/12. The Fall Risk Assessment indicated the resident had a history of a fall within in the past three months, was confused or</p>			<p>policy titled, "Fall Management Program". This in-service will also include review of the care plan process and importance of adherence to established care plans and safe practices in regards to safety interventions such as the use of dycem in wheelchairs and proper function and placement of alarming devices in beds and wheelchairs. In addition, the DNS and/or designee will be responsible for daily shift environmental inspections of all resident rooms and safety equipment through the Customer Care Program to ensure adequate supervision is provided to prevent accidents. Any change in resident safety needs will be identified during daily clinical meetings. Changes will be communicated by the Nurse Management Team/designee to direct care staff promptly through updates to care plans and Nurse Aide Assignment Sheets. <i>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</i> To ensure compliance with these corrective actions, the DNS/designee will complete the CQI Audit Tool titled, "Fall Management" daily for 3 weeks, weekly for 6 months, which will be completed on all three shifts. If threshold of 90% is not met, an action plan will be developed.</p>			

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	<p>disorientated, received medications for high blood pressure and diabetes, and had a diagnosis of and/or demonstrated evidence of impaired gait or balance. The assessment indicated the resident was at risk for experiencing a fall.</p> <p>Review of the January 2013 Physician Order Statement indicated there were orders for the resident to have a Dycem in place on the wheelchair, a pressure alarm to the bed at all times, and a Tab alarm (a clip alarm) to the wheelchair.</p> <p>The resident's current care plans were reviewed. A care plan initiated on 5/8/12 indicated the resident was a fall risk related to an unsteady gait, decreased mobility, medications, impaired cognition, a right ankle fracture, and incontinence. The care plan was last updated with a goal date of 4/16/13. Care plan interventions included for Dycem to be in place on the wheelchair, a pressure alarm to the bed, a Tab alarm to the wheelchair, and to encourage and remind the resident to use the call light.</p> <p>A Fall Event note was completed on 12/31/12 at 4:10 p.m. The note was completed by an RN. The note indicated the resident was leaning</p>				Findings will be submitted to the CQI Committee for review and follow up. By what date the systemic changes will be completed: Compliance Date = 2/4/13.		

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	<p>over in her wheelchair trying to pick something up off the floor and fell on the floor. The Physician was called and orders were received to send the resident to the hospital Emergency Room for an examination.</p> <p>An Orthopedic Consultation progress note was written on 1/7/13. The note indicated the resident had a fracture of the right ankle with a short leg cast in place.</p> <p>The 12/31/12 fracture investigation indicated the resident was witnessed bending over in her wheelchair to pick something up and she fell forward. The resident complained of pain in her right ankle. The investigation indicated the resident did not have a history of leaning forward in the wheelchair. The report indicated a Tab alarm was to be provided to the wheelchair along with front anti-tippers to be placed.</p> <p>When interviewed on 1/24/13 at 1:45 p.m. CNA #1 indicated there was no Dycem in the resident's chair. The CNA indicated she had transferred the resident from the bed into the chair for lunch. CNA #1 reviewed her CNA Assignment Sheet at this time. The Assignment Sheet indicated the resident was to have a Dycem in</p>						

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	<p>place.</p> <p>When interviewed on 1/25/13 at 9:00 a.m., the Director of Nursing indicated the resident should have had the Dycem in place. The Director of Nursing also indicated a Tab (clip) alarm was initiated after the resident's recent fall from her wheelchair and the Tab alarm should have been in place.</p> <p>This federal tag relates to Complaint IN00121033.</p> <p>3.1-45(a)(2)</p>						